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** CONTINUING DATA **************************

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** FOREIGN APPLICATIONS ********************

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed ☐ yes ☐ no 35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials	STATE OR COUNTRY NORWAY	SHEETS DRAWING 15	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3

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TITLE

USE OF IMMUNOMODULATING AGENTS

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